



Peace Officer
Standards and Training

In-Service Continuing Education Grant Application

Updated: 2/2018

Total Funding Request

\$ _____

Submit Completed Applications to: postgrants@coag.gov

Applicant Information

Agency Name: _____ Chief Executive Name: _____

Agency Mailing Address: _____

Phone #: (____) _____ - _____

Physical Address (if different): _____

Contact Person For This Grant: _____ Contact Phone #: (____) _____ - _____

Contact Email: _____

Number of **Certified Officers** Employed by Agency: _____

Type of Grant Fund(s) Request (select ALL that apply)

Training (hosting a class) On-line subscription Equipment Backfill

Scholarship (**to include:** tuition, hotel, per diem, airfare, mileage, rental car, etc.)

****Prioritize requests, with #1 being the highest priority****

Training Request: (hosting a class-attach vendor quote)

Priority #: ____

Training Title: _____

Instructor Name(s): _____

Training Date(s) and Location: _____

Total Number of Hours: _____ Total Cost: \$ _____

Priority #: ____

Training Title: _____

Instructor Name(s): _____

Training Date(s) and Location: _____

Total Number of Hours: _____ Total Cost: \$ _____

Total Cost of ALL Training(s): \$ _____

On-Line Training Subscription Request: (attach detailed quote)

Priority #: ____

Training Provider : _____

Subscription Date(s) beginning and end: _____

Total Yearly Subscription Fee: \$ _____

Priority #: ____

Training Provider : _____

Subscription Date(s) beginning and end: _____

Total Yearly Subscription Fee: \$ _____

Total Cost of ALL Subscription(s): \$ _____

Training Equipment Request: (submit detailed quote)

Priority #: ____

Product Name: _____
Model #: _____ Quantity: _____ Individual Item Cost: \$ _____
Total Cost: \$ _____

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Total Cost: \$ _____

Total Cost of ALL Equipment: \$ _____

Scholarship Funds Request: (submit training announcement)

Priority #: _____

Training Title: _____
Training Date(s): _____ Training Location (city & State): _____
Tuition Fee (each): \$ _____ # of Officers Attending Class: _____ Total Tuition Cost: \$ _____
Hotel Name: _____ # of Rooms: _____ Cost Per Night: \$ _____ # of Nights: _____
Total Hotel Cost: \$ _____ Airfare Total: \$ _____ Rental Car Total: \$ _____
Per Diem Rate \$: _____ # of Officers : _____ # of Days: _____ Per Diem Total: \$ _____
Total # of Miles: _____ Rate per Mile (not to exceed \$.48): \$ _____ Total Mileage \$: _____
Total Scholarship Funds Requested (total of all officers combined): \$ _____

Priority #: _____

Training Title: _____
Training Date(s): _____ Training Location (city & State): _____
Tuition Fee (each): \$ _____ # of Officers Attending Class: _____ Total Tuition Cost: \$ _____
Hotel Name: _____ # of Rooms: _____ Cost Per Night: \$ _____ # of Nights: _____
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Total # of Miles: _____ Rate per Mile (not to exceed \$.48): \$ _____ Total Mileage \$: _____
Total Scholarship Funds Requested (total of all officers combined): \$ _____

Total Cost of ALL Scholarship: \$ _____

Backfill Request

Backfill can only be used to compensate officers that attend training that exceeds their normal schedule (OVERTIME) or to compensate OVERTIME coverage of shift(s) to allow for another officer to attend training.

Priority #: _____

Total Backfill Request: \$ _____

Please Provide a Detailed Explanation Why In-Service Training Funds Are Being Requested:

I, _____, acknowledge that the funds requested for training, scholarships and
(Chief Executive)
training equipment described in this application and purchased with POST In-Service Grant Funds
will be used and maintained for training purposes in accordance with the In-Service Grant Program
Guidelines.

(Agency Name)

(Chief Executive *signature*)

(Date)

Please refer to In-Service Continuing Education Grant Program Guidelines for further information.

******All required documents must be submitted at the same time to be considered for approval. Incomplete applications will not be reviewed. Application must be scanned and emailed to POST and must include the signature of the Chief Executive for your agency.**

******For questions concerning the POST In-Service Continuing Education Grant please contact:**

Susan Carter, Training Coordinator
Email: susan.carter@coag.gov
(720) 508-6559

POST USE ONLY

Approved By: _____ Date: _____

Total Amount Approved: _____ Date Applicant Contacted and How: _____